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Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS**

Summary

The present report is based primarily on responses received to a questionnaire sent to Member States and seeks to establish a baseline against which future progress will be measured as well as to chart progress made since the adoption of the Declaration of Commitment on HIV/AIDS. Key findings indicate that the Declaration is an important framework and a critical tool for advocacy. However, while political commitment continues to increase and additional resources are devoted to HIV/AIDS, the scale of country level activities does not yet match the epidemic.

While most countries have developed national AIDS strategies, implementation of these is slow, in large measure owing to a lack of resources and technical capacity. Commendable programmes fail to achieve full impact because they remain small and lack a comprehensive approach. Infection rates among young people continue to rise, particularly in Eastern Europe and Asia, where a critical opportunity to stem this rise may be missed. While many countries report progress in putting into place measures aimed at combating stigma and discrimination and reducing vulnerability, especially of women, HIV-related stigma and the continued marginalization of vulnerable populations impede effective efforts. People living with HIV/AIDS continue to be the most underutilized resource in the response to the epidemic. Despite the dramatic

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** Submission of the present report was delayed owing to late submission of questionnaires in response to the survey undertaken by the UNAIDS secretariat. Given the scope of the HIV/AIDS epidemic, every effort was made to receive comprehensive input to the report on initial progress towards implementation of the Declaration of Commitment on HIV/AIDS.

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increase in the number of children orphaned by HIV/AIDS, nearly one in two countries lacks a strategy for care and support of children orphaned or made vulnerable by the epidemic.

The potential impact of increased global commitment is underscored by new projections issued by the Joint United Nations Programme on HIV/AIDS in collaboration with the World Health Organization and leading experts. In the absence of a substantial strengthening of the global response to HIV/AIDS, 45 million new infections are projected to occur between 2002 and 2010. If available prevention efforts were scaled up to meet the global HIV/AIDS challenge, 28 million (or 63 per cent) of these projected infections could be averted. It is possible to halt the advance of the HIV/AIDS epidemic but this can only be achieved with the sustained mobilization of the global community. The report puts forward a number of recommendations for priority action for consideration by the General Assembly.

I. Introduction

1. Pursuant to General Assembly resolution 56/264 of 13 March 2002, the Secretary-General is requested to submit to the General Assembly at its fifty-seventh session a report on progress towards meeting the targets set out in the Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex), with a view to identifying problems and constraints and making recommendations to achieve further progress.

2. Building on the Millennium Declaration goal to halt and reverse the HIV/AIDS epidemic (General Assembly resolution 55/2, chap. III), the Declaration of Commitment on HIV/AIDS, adopted by the Member States at the special session of the General Assembly on HIV/AIDS in June 2001, represents a watershed in the history of the epidemic. It establishes, for the first time ever, time-bound targets to which Governments and the United Nations may be held accountable. The Declaration calls for an expanded global response, including prevention of new infections; access to care, support and treatment; protection of human rights and the empowerment of women; mitigation of the societal, household and individual impact of the human immunodeficiency virus/acquired immunodeficiency syndrome; and allocation of sufficient resources to support these initiatives. The Declaration reflects global recognition of the epidemic as the single greatest threat to the well-being of future generations.

3. The epidemic cannot be reversed without a substantial strengthening of the worldwide response. Effective prevention programmes currently reach fewer than 20 per cent of those at high risk of infection, and only a small fraction of the world's 40 million people living with HIV/AIDS have access to treatments for HIV, opportunistic infections or alleviation of pain. The growing global HIV/AIDS crisis is a real threat unless implementation of the Declaration is given utmost priority.

II. Implementation of the Declaration of Commitment: key findings

4. **Impact of the Declaration.** Several countries in sub-Saharan Africa have incorporated its time-bound targets in their national AIDS strategies or are in the process of doing so. The United Nations system has used the Declaration to enhance programmatic collaboration and technical assistance to countries; the secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS) has put systems in place to monitor implementation; and civil society organizations are fully engaged.

5. **Resource mobilization.** Most countries indicate an increase in national investment in HIV/AIDS programmes. UNAIDS estimates indicate that spending on HIV/AIDS in low- and middle-income countries from all sources — national budgets, bilateral and multilateral assistance, and the private sector — increased by more than 50 per cent in 2002 to a projected $2.8 billion. Member States joined United Nations agencies, the private sector and civil society to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria as a financing mechanism for additional resources. To date, the Global Fund has attracted more than $2 billion in pledges and has approved grants for programmes in low- and middle-income countries totalling $616 million over a period of five years. However, overall

funding for the global response is still one third or less of the amount required to meet the goal of annual expenditures of about $10 billion by 2005.

6. **Political leadership.** Last year witnessed increasing political commitment in the fight against HIV/AIDS, but ownership of the response by political leaders remains insufficient in many parts of the world.

7. **National strategic frameworks.** Most countries have developed national AIDS strategies, but implementation of these is slow, largely owing to lack of resources and technical capacity. Adherence to a multisectoral approach to the epidemic is uneven, and civil society is often not involved in national strategies.

8. **Building capacity to enhance effective interventions.** Individual prevention and care projects must be expanded and converted into comprehensive programmes capable of delivering prevention, care and treatment interventions proven to be effective. Countries repeatedly cite a shortage of human and financial capacity to transform the successes of such small pilot projects into large-scale programmes. External assistance to low- and middle-income countries supports specific interventions, but less attention has been paid to the long-term challenge of building sufficient capacity at the local level to sustain these activities over the long term.

9. **HIV care and treatment.** Numerous countries emphasize the high cost of antiretroviral drugs as a barrier to care. Only 60,000 people in sub-Saharan Africa and Asia, the two most heavily affected continents, currently obtain antiretroviral drugs. People living with HIV/AIDS also lack sufficient access to a wide range of medical services, including palliative care, prevention, and the treatment of HIV-related opportunistic infections.

10. **Emerging epidemics.** A narrow window of opportunity to contain new HIV/AIDS catastrophes may soon close in parts of Asia and Eastern Europe. Only two out of 12 countries reporting from Eastern Europe have integrated HIV/AIDS into development planning, and strong political commitment in Eastern Europe and Asia for an aggressive response is often lacking.

11. **Human rights.** Countries in every region report that HIV-related stigma and the marginalization of vulnerable populations impede efforts to fight the epidemic. A growing number of countries acknowledge the importance of respect for human rights, but most have not adopted enforceable measures to protect individuals infected with or affected by HIV from discrimination.

12. **Young people.** Continuing high rates of infection among young people underscore the need for enhanced attention to prevention among young people. Greater investment is required in prevention programmes that stimulate awareness and openness, encourage young people to delay initiation of sexual activity and increase access to prevention services and condoms.

13. **Involvement of people living with HIV/AIDS.** Organizations and networks of people living with HIV/AIDS are increasingly visible and influential at the global level and in many countries, but remain the world's most underutilized resource in the response.

14. **Empowerment of women.** Countries are increasingly acknowledging, in policy and practice, women's vulnerability to the disease and the importance of a gender-sensitive response, especially in sub-Saharan Africa where women

outnumber men among people living with HIV/AIDS. However, almost 40 per cent of countries worldwide lack such policies.

15. **Orphans.** Growth in the number of children orphaned by HIV/AIDS has been alarming, and the number is expected to increase dramatically. Nearly one in two countries lacks a national strategy for care and support of children affected by the epidemic. The development of national action plans for children orphaned or made vulnerable is an urgent priority.

16. A document that details the responses from a regional perspective and describes United Nations system involvement as well as a chart (CP040) that contains the core indicators used to monitor implementation of the Declaration of Commitment on HIV/AIDS are available from the UNAIDS web site (http://www.unaids.org).

III. Leadership

National leadership

17. In most countries where major progress against HIV/AIDS is reported, strong political leadership is a central feature. More political leaders in all regions are speaking openly about HIV/AIDS and the need for an aggressive response. Nigeria, for example, launched a major effort to increase HIV/AIDS awareness. In March 2002, Indonesia launched a national movement to fight HIV/AIDS. In Jamaica, a joint session of both legislative chambers was held, focusing on HIV/AIDS.

18. China has increasingly embraced the fight against AIDS, as evidenced by the first national conference on HIV/AIDS and other sexually transmitted diseases in November 2001. Ukraine has identified 2002 as the year against AIDS. The President of Bangladesh is leading the country's response personally. HIV/AIDS has been an important agenda item at key political gatherings including the Group of Eight summit, the World Economic Forum, and the International Conference on Financing for Development.

19. Several countries report that lack of support from political leaders inhibits efforts to develop a robust, multisectoral response and undermines immediate intervention to stem emerging epidemics.

Development of national AIDS strategies

20. The Declaration calls for the development and implementation, by 2003, of multisectoral, comprehensive national strategies and financing plans for combating HIV/AIDS. A UNAIDS analysis indicates that 91 countries have multisectoral AIDS strategies. In sub-Saharan Africa, 40 countries had developed national strategies by December 2001 (14 at the beginning of 2000), and 19 have national AIDS councils (3 two years ago). Nearly a third of national strategies worldwide have not been costed, and fewer than half contain monitoring and evaluation components.

21. In many countries where multisectoral strategies have been articulated, virtually all funding and programmatic activity remains centred in the health ministry, leading one in three countries to report difficulty in achieving active

participation by other sectors. The actual engagement of multiple sectors in the response to HIV/AIDS is hampered, according to half the countries consulted, by difficulties in coordinating a broad array of sectors that may have little experience in working with each other.

22. Lack of resources frequently impedes implementation of multisectoral AIDS strategies. This is especially apparent in sub-Saharan Africa, where a majority of countries cite shortage of technical staff as a barrier to implementation.

23. A number of countries are unprepared to monitor progress towards achievement of the Declaration targets. This stems from weaknesses in their national public health surveillance systems, which impede the establishment of baseline seroprevalence and behavioural estimates for monitoring. The World Bank, the UNAIDS secretariat and some donors have embarked on a major effort to build country-level capacity in this regard.

Regional collaboration

24. The Declaration calls for enhanced initiatives to fight HIV/AIDS at the regional and subregional levels. Caribbean leaders were the first to incorporate the goals and targets of the Declaration. In sub-Saharan Africa, leaders have joined forces to monitor implementation of the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. In November 2001, the heads of Government of the member States of the Association of South-East Asian Nations (ASEAN) pledged joint leadership in the fight against HIV/AIDS. Following the example of the International Partnership against AIDS in Africa, the Indian Ocean Partnership against AIDS was established in early 2002, uniting Comoros, Madagascar, Mauritius, Seychelles and the French overseas territory of Réunion for joint resource mobilization, integration of HIV/AIDS into national development plans and strengthening of non-governmental organization capacity. Close collaboration between UNAIDS and the Executive Council of the Commonwealth of Independent States led to the development of a programme of urgent response of CIS member States to the HIV/AIDS epidemic, endorsed by the Commonwealth of Independent States heads of Government in May 2002.

Mobilization of the United Nations system

25. To strengthen HIV/AIDS efforts at global and regional levels and to provide more effective assistance to countries, the Declaration calls for stronger and more coordinated action by the United Nations system. A strategic plan for HIV/AIDS, drawn up prior to the special session, covers the activities of 29 United Nations agencies. The special session triggered a broad-based mobilization of the United Nations system to further assist countries in reaching the agreed targets.

26. The UNAIDS unified budget and work plan for the current biennium (2002/2003) amounts to $190 million, a 36 per cent increase over the previous biennium. The UNAIDS secretariat has intensified its efforts to mobilize new resources for HIV/AIDS programmes and has undertaken a comprehensive review of national readiness for rapid programme expansion.

27. The World Bank doubled its investment in its Multicountry AIDS Programme, which provides concessional loans to countries to strengthen HIV/AIDS programmes. The United Nations Children's Fund (UNICEF) identified HIV/AIDS as one of five primary organizational priorities and supported the expansion of projects to prevent mother-to-child transmission. The World Health Organization increased resources for HIV/AIDS, increasing the number of staff working on AIDS from 69 to 130 in 2001. The United Nations Educational, Scientific and Cultural Organization (UNESCO) intensified its efforts, with the International Institute for Educational Planning now leading its agency-wide initiatives. The United Nations Population Fund completed an agency-wide strategic planning process that prioritizes HIV/AIDS. The United Nations Development Programme (UNDP) provides leadership on governance and development planning as it relates to HIV/AIDS at the country level. The International Labour Organization (ILO) has established the Programme on HIV/AIDS and the World of Work. ILO currently provides technical assistance and advice to Governments and to employer and worker organizations in order to promote its Code of Practice on HIV/AIDS and the World of Work. The United Nations International Drug Control Programme supports interventions that reduce the impact of injecting drug use on the spread of HIV/AIDS. The UNAIDS secretariat serves as a focal point for policy advice and strategic information based on scientific evidence and human rights, and for tracking the global response to the epidemic. A number of other United Nations entities continue to address HIV/AIDS in their fields of expertise.

28. The Secretary-General helped catalyse a growing global commitment to the fight against HIV/AIDS. In April 2001, he issued a global call to action at the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases held in Abuja, Nigeria. His personal commitment to the fight against HIV/AIDS has helped energize the United Nations system and engage political and business leaders, as well as the pharmaceutical industry, in the challenge.

Engagement by non-governmental sectors

29. The Declaration states that political leadership must be complemented by the full and active participation of civil society, the business community and the private sector. Most countries indicate that non-governmental organizations are active participants in multisectoral AIDS plans, including specifically those involving people living with HIV/AIDS. Globally, however, full participation of civil society actors in the response remains inadequate, with significant variations among countries.

30. **People living with HIV/AIDS.** Examples of the growing involvement of people living with HIV/AIDS include Mozambique, where nine organizations of people living with HIV/AIDS formed a network in May 2002, and the Ukraine, where a third national conference for people living with HIV was held. Other examples include the Coalition of Asia-Pacific Regional Networks on HIV/AIDS; efforts by the Global Network of People Living with HIV/AIDS (GNP+), working in collaboration with the International Federation of Red Cross and Red Crescent Societies, to involve people living with HIV/AIDS in Kenya, Mozambique and the Philippines; and UNAIDS partnerships with the International Community of Women Living with HIV/AIDS, the International Council of AIDS Service Organizations and the World Association of Girl Guides and Girl Scouts (WAGGGS).

31. **NGOs and AIDS service organizations.** At the country level, non-governmental organizations have participated in planning exercises to develop proposals submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Non-governmental organizations play a central role in caring for orphans and other vulnerable children, in reaching vulnerable populations through effective interventions and in monitoring HIV-related human rights violations.

32. **Young people.** Young people can be effective HIV prevention messengers and are already involved in a variety of ways: by participating in HIV/AIDS prevention clubs in schools and youth-initiated projects in communities; and by working with Governments and non-governmental organizations to develop prevention programmes. In Namibia more than 27,000 young people aged 15-18 have enrolled in a peer-facilitated life-skills training activity. In South Africa, the loveLife programme uses young people to reach their peers with media messages promoting responsible sexual behaviour. In Zambia, the active involvement of young people in prevention has contributed to significant declines in new infections, including an almost 50 per cent decline in HIV prevalence among pregnant urban women aged 15-19. Although such initiatives have an important impact in countries throughout the world, the extent of young people's involvement in the fight against HIV/AIDS is insufficient and youth-centred programmes need to be expanded.

33. **The world of work.** Although private businesses play an important role in the fight against HIV/AIDS in many countries, in others the corporate sector has remained on the sidelines. In many countries, business councils assist in the fight against HIV/AIDS, and numerous countries report that labour unions have also been integrated into national AIDS efforts, often with support provided by the International Labour Organization. Membership of the Global Business Coalition on HIV/AIDS has increased to 70 major corporations.

34. **Faith communities.** Religious institutions, traditional healers and faith-based non-governmental organizations are adopting an increasingly public role as active partners in the fight against HIV/AIDS, in addition to providing care and support and assisting national leaders in eradicating stigma.

35. Buddhist monks and nuns in Cambodia, Thailand and Viet Nam offer care, support and prevention outreach. With support from the UNAIDS secretariat, the Anglican Church has developed an AIDS action plan for implementation in Anglican dioceses in Africa. In November 2001, the Ecumenical Advocacy Alliance agreed on a comprehensive strategy to address HIV/AIDS, and in 2002 the Hope for African Children Initiative and the World Conference on Religion and Peace developed a joint work plan. In addition, African Lutheran bishops met to develop a comprehensive strategy; Islamic medical professionals held a meeting in Uganda; and a major meeting in Nairobi in 2002 brought together faith-based leaders from all of Africa.

IV. Increasing resources for HIV/AIDS

36. The Declaration affirms that the HIV/AIDS challenge cannot be met without new, additional and sustained resources. It calls on the global community to reach, by 2005, a target of annual expenditures on the epidemic of approximately $10 billion. A comprehensive analysis by UNAIDS and leading international economists

suggests that at least $9.2 billion annually will be required by 2005 for an effective global response to the epidemic.[1]

37. According to UNAIDS projections, funding from all sources for HIV/AIDS programmes in low- and middle-income countries will approach $2.8 billion in 2002, a 56 per cent growth in expenditure over 2001. Over the next three years, funding will need to keep pace with capacity development to ensure that countries can replicate effective prevention, care and treatment interventions on a scale large enough to have an impact.

38. According to the World Health Organization, the lack of resources means that only 10 to 20 per cent of people at risk of HIV infection have access to basic prevention services, and fewer than one in 10 of HIV-infected pregnant women worldwide — and substantially fewer in sub-Saharan Africa — are reached by interventions to prevent mother-to-child transmission. Although 6 million people with HIV in low- and middle-income countries qualify under clinical guidelines for antiretroviral therapy, fewer than 250,000 (30,000 in sub-Saharan Africa) actually obtain it.

Progress in reaching resource targets

39. Most countries are increasing their financial commitments to HIV/AIDS programmes, especially in sub-Saharan Africa, where domestic allocations have grown. This year, the Government of South Africa tripled its investment in HIV/AIDS programmes to $89 million, with spending projected to reach nearly double that level by 2004. Many countries report that their high debt burden impedes their capacity to allocate sufficient resources to fight HIV/AIDS. Even where HIV infection rates are escalating, HIV/AIDS programmes are sometimes unable to compete for adequate allocations, given other priorities.

40. The establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in January 2002 strengthened global capacity to mobilize additional financial resources. The board of the Fund comprises representatives of Governments, non-governmental organizations, the private sector, a private foundation and, in a non-voting capacity, UNAIDS, the World Health Organization and the World Bank. In the first round, over 300 proposals were submitted to the Fund, with requests totalling more than $5 billion for a five-year period. The board approved 58 separate proposals from 40 countries, totalling $1.6 billion over five years, of which $616 million was committed for disbursement over the next two years. An estimated two thirds of the funds were earmarked to fight HIV/AIDS. The United Nations system played a central role in ensuring swift initial grant awards by providing technical assistance to 60 countries for the development of proposals.

41. The philanthropic community has historically devoted limited resources to fighting HIV/AIDS, but some private foundations are increasing their investments. The Bill and Melinda Gates Foundation has contributed significantly to HIV research and development, prevention programmes and the Global Fund. The United Nations Foundation has provided funds for country-level activities through the United Nations. Other private foundations have made contributions to the global response, including a consortium in the United States that has embarked on an initiative to increase access to care for HIV-positive women. In 2002, the European Foundation Centre formed an affinity group on HIV/AIDS in order to develop a

strategic plan to increase funding by European foundations and to leverage such contributions to achieve greater spending on HIV/AIDS by the public sector.

42. The World Economic Forum and UNAIDS launched a major effort to facilitate project-specific giving for programmes in HIV-affected countries, and have developed five country partnership packets (e.g., Brazil, India, Namibia, Ukraine, Zambia) that identify specific funding opportunities for private individuals or corporations. The United Nations Foundation plays an active role in matching non-traditional AIDS donors to costed projects in developing countries.

Debt relief and other poverty reduction strategies

43. The Declaration calls for integration of HIV/AIDS into poverty eradication strategies, and expansion of the Heavily Indebted Poor Countries (HIPC) Debt Initiative to include HIV/AIDS.

44. With support from the World Bank and the United Nations Development Programme, 14 countries in Africa have integrated HIV/AIDS into their poverty reduction strategy papers and debt relief agreements. UNAIDS has assisted many countries in integrating AIDS programming into debt relief agreements. Seventy per cent of the 50 United Nations country teams that had completed the United Nations Development Assistance Framework by the end of 2001 included HIV/AIDS as a key element or cross-cutting theme.

V. Prevention of new infections

45. The Declaration calls for the adoption of comprehensive prevention strategies, acknowledging the extraordinary cost-effectiveness of proven strategies that prevent new infections.

46. In Cambodia, where national leaders have implemented energetic and comprehensive prevention programmes, infection rates among pregnant women fell between 1997 and 2000 by almost a third, and male condom use increased. The multisectoral prevention effort in Zambia is associated with an increase in condom use, a delay in initiating sexual activity among young people, and a reduction in new infections among young women in urban areas. These and earlier successes in Senegal, Thailand and Uganda clearly demonstrate that available HIV prevention strategies work.

Reducing risk

47. Commitment to effective prevention programmes remains uneven. Some countries pursue a broad range of prevention strategies, such as social marketing, peer interventions, programmes targeting injecting drug users, media campaigns, small group workshops, and the screening and treatment of sexually transmitted infections. Others concentrate on early identification of HIV infection through voluntary counselling and testing. Some countries report the use of rapid testing technologies, while others have taken steps to improve the safety of blood supplies.

48. Nearly three quarters of countries indicate that national prevention programmes address HIV/AIDS in the workplace, with several targeting the tourism sector as an important site for HIV-related workplace education.

49. Many countries report substantial cultural resistance to HIV prevention programmes. Some religious leaders strongly resist the promotion of condoms or the open discussion of sexuality, and in some places women and young girls are unable to protect themselves from the risk of HIV infection, sexual exploitation and violence. National AIDS strategies are occasionally encouraging country-wide discussions regarding cultural practices and the spread of HIV/AIDS.

HIV prevention among young people

50. The Declaration calls for the strengthening of global efforts to reach young people with effective HIV prevention services in order to achieve targeted reductions in HIV prevalence. However, most countries seem to lack clear, time-bound targets for young people between the ages of 15 and 24. The countries in sub-Saharan Africa are most likely to have adopted specific prevention targets; 21 have specified such benchmarks. Countries with relatively low prevalence often lack targets specific to young people, while others have adopted the national goal of maintaining country-wide prevalence below 1 per cent, without reference to specific populations. Most countries recognize the role of the family in reducing the vulnerability of young people and the importance of youth-oriented information, life skills-based sexual education and counselling services.

51. Reducing HIV prevalence among young people between the ages of 15 and 24 requires targeted interventions. Many countries have expanded sex education and life skills education in schools, with several having revised curricula and strengthened teacher training, to ensure such programmes address HIV/AIDS. Cameroon, for example, has adopted a comprehensive AIDS strategy for the education sector, requiring HIV-specific education at every level. Many countries indicate they have invested in peer education to reduce the vulnerability of young people. Many Governments encourage the formation of school clubs to offer young people recreational, educational and social opportunities; nevertheless, too few young people have access to HIV prevention services.

52. A report issued by the United Nations Children's Fund and UNAIDS in July 2002 outlines a 10-step strategy to strengthen global prevention efforts for young people. Key elements include sustained efforts to eradicate stigma; the provision of young people with the information they need to protect themselves; and the active involvement of young people in the development of strategies and programmes.

Prevention of mother-to-child transmission

53. The Declaration establishes the goal of reducing the proportion of infants infected with HIV by 20 per cent by 2005 and by 50 per cent by 2010. Projects to prevent mother-to-child transmission are not only essential to reduce the 800,000 cases reported annually, but they also represent a critical opportunity to provide essential care, support and treatment to HIV-infected women.

54. Most programmes to prevent mother-to-child transmission are pilot projects that have yet to be replicated on a large enough scale to have an impact. Many countries are working with the United Nations Children's Fund and the World Health Organization to increase access to interventions to prevent mother-to-child transmission, while others receive bilateral donor and private foundation support. The Secretary-General participated in the launching of the MTCT-Plus Initiative, a joint effort by an international group of charitable foundations to provide treatment to women participating in projects to prevent mother-to-child transmission. However, interventions are not given priority in countries with emerging epidemics or relatively stable, low prevalence.

Reducing vulnerability

55. In accordance with the Declaration, national policies in almost all countries seek to address factors that make individuals vulnerable to HIV/AIDS. Programmes under way include information, education and awareness activities among a wide range of vulnerable populations, including sex workers, men who have sex with men, mobile populations (including mine workers and truck drivers), homeless young people, injecting drug users, correctional inmates, military personnel and people affected by war or civil unrest. Efforts to prevent sexual trafficking are vital to reducing the vulnerability of young people, especially girls.

56. Owing to many factors, including logistical difficulties, stigmatization and discrimination, and laws criminalizing behaviours that increase the risk of HIV infection, prevention efforts must overcome many obstacles in order to reach vulnerable groups. Inaccessibility of vulnerable populations is most often cited as a barrier to effective prevention by countries in regions where the epidemic is closely linked to injecting drug use, such as Asia and Eastern Europe.

57. Community groups and faith-based non-governmental organizations play important roles in many countries in serving vulnerable populations. Other countries report that civil society groups often shun marginalized populations in need of services and support. In one Central Asian country, mothers of injecting drug users are principally responsible for the establishment of non-governmental organizations that provide services.

58. Several countries in Central Asia and Eastern Europe provide encouragement to programmes targeting injecting drug users, although such programmes sometimes encounter resistance from law enforcement agencies and communities. UNAIDS has documented the success of some Asian prevention networks in overcoming cultural and legal obstacles encountered by programmes serving injecting drug users.

59. Although drug treatment has proven effective as an HIV prevention strategy, few countries mentioned this as an important component of national prevention efforts. An exception, Slovenia, cites a primary care network of accessible methadone maintenance centres as a key national strategy to reduce vulnerability to HIV infection. In at least one Central Asian country, professional resistance to substance replacement therapy for injecting drug users hindered expansion of drug treatment programmes. A number of countries invest in drug prevention programmes, targeting in particular young people and inmates in correctional institutions.

Reducing women's vulnerability to HIV/AIDS

60. The Declaration calls for measures to empower women and girls and reduce their vulnerability to HIV/AIDS by 2005. Especially in sub-Saharan Africa, national strategies recognize this as a critical component of the fight against HIV/AIDS. Strategies include the promotion of women's literacy and girls' education; the enactment and enforcement of laws prohibiting female genital mutilation and sexual trafficking; microenterprise projects and other initiatives that improve the economic situation of women; and the establishment of family rights (e.g., adoption, inheritance, child custody).

61. Much remains to be done to engage women as full partners in the fight against HIV/AIDS. A recent study by the Panos Institute and the United Nations Children's Fund in Burkina Faso, India, Ukraine and Zambia found that women, along with marginalized populations, bear the brunt of HIV-related stigma.

VI. Care, support and treatment

62. The Declaration reflects the global resolve to reduce longstanding inequities in health care between the developed and developing countries, including access to HIV treatment. Specifically, by 2003, it calls for the development of national strategies to provide psychosocial care, strengthen health-care systems and address factors affecting the provision of HIV-related drugs, with the goal of achieving the highest attainable standard of care, and for substantial progress to be made by 2005.

Access to care

63. National plans in nearly all countries envisage progressive implementation of a comprehensive approach to HIV care and treatment, including antiretroviral drugs and psychosocial care. This recognition is not matched by comparable levels of actual access. Fewer than 10 per cent of people with HIV/AIDS have access to palliative care or treatment for opportunistic infections. In sub-Saharan Africa and South and Southeast Asia, which together account for more than 34 million, or 86 per cent, of all people living with HIV/AIDS, only about 60,000 receive antiretroviral therapy. The high cost of antiretroviral drugs and the limited national resources available to purchase them are the explanations most frequently cited.

64. Many countries in the Caribbean, sub-Saharan Africa and Eastern Europe indicate that a national consensus on appropriate strategies for care and support has not been reached. In many countries, especially in sub-Saharan Africa and Asia, many competing national priorities inhibit the allocation of resources to expand access to HIV/AIDS care, support and treatment.

65. In the health sectors, insufficient capacity, including weak infrastructure and shortages of trained personnel, limits access to health service delivery in many countries. Approximately half of the countries in sub-Saharan Africa, Asia and Eastern Europe indicate that HIV-related stigma diminishes the effectiveness of national care strategies by discouraging people from seeking voluntary counselling and testing and, if needed, HIV-related care and treatment.

66. Momentum for global action to ensure greater access to health care has increased since the special session. In December 2001, the cost of certain combinations of antiretrovirals had fallen to $350 per person per year in low- and middle-income countries. With assistance from the United Nations system, 18 countries reached agreements with manufacturers for significantly reduced drug prices by May 2002, and four other countries were close to similar agreements. A variety of strategies are pursued to expand access to antiretrovirals, including direct negotiations with pharmaceutical companies, parallel importation of generic drugs and issuance of compulsory licences for the production of essential drugs.

67. Non-governmental and activist organizations, among them Médicins sans Frontières, Oxfam, the AIDS Coalition to Unleash Power (ACT UP) and the Health Gap (Global Access Project), have done much to increase access to health care through advocacy activities at the global level. At the country level, non-governmental organizations such as the Treatment Action Campaign and the AIDS Law Project in South Africa, the Lawyers Collective in India and various Latin American organizations have rallied national support for greater access to HIV care and treatment.

68. Current provision of antiretrovirals to over 100,000 people in Brazil through the public health service has enabled the country to reduce AIDS death rates by 60 per cent since 1997. An estimated 170,000 individuals presently receive antiretroviral drugs in Latin America and the Caribbean — nearly three times as many as in sub-Saharan Africa and Asia combined.

69. The United Nations Accelerating Access initiative provides technical assistance to countries in the development of national care and treatment plans. By March 2002, 36 out of 78 countries that expressed interest in participating in the initiative to expand health-care access had completed, or were in the advanced stages of developing, national care plans.

70. In April 2002, the World Health Organization published the first guidelines for antiretrovirals in resource-limited settings, establishing the goal of 50 per cent global antiretroviral coverage by 2005. This year, the World Health Organization added 10 antiretrovirals to its Model List of Essential Medicines, which certifies both the high quality of these medicines and their appropriateness for use in resource-limited settings.

71. Most countries have national policies on intellectual property and related issues pertaining to pharmaceutical products. In November 2001, at the fourth World Trade Organization Ministerial Conference in Doha, World Trade Organization member States unanimously declared that the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) "can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all" (WT/MIN(01)/DEC/2, para. 4).

HIV/AIDS and human rights

72. In the Declaration of Commitment on HIV/AIDS, countries agreed to implement appropriate national laws or regulations to eliminate discrimination against people with HIV/AIDS and vulnerable groups and ensure the full enjoyment

by such persons of all human rights and fundamental freedoms. However, discrimination against people with HIV/AIDS is widespread in many countries. Most countries have no laws that specifically prohibit HIV-related discrimination or provide for human rights protection for vulnerable populations. Many countries indicate that the linkage of human rights and HIV/AIDS is, for national policy makers, a relatively new concept that is not yet integrated into national legal frameworks.

73. In 2002 and 2003, the World AIDS Campaign, which reaches more people than any other HIV-related campaign in the world, will focus on stigma and discrimination in an effort to place human rights at the forefront of global advocacy efforts.

74. The Declaration specifically provides for the adoption by 2003 of national legal and policy frameworks to protect the rights and dignity in the workplace of people living with and affected by HIV/AIDS. Slightly more than half of the countries have developed legal or policy frameworks to protect people with HIV in the workplace, especially in Latin America and the Caribbean. In sub-Saharan Africa, fewer than half of the countries report such legal protections. Comprehensive workplace policies have been developed by the International Labour Organization in collaboration with the tripartite stakeholders in the Code of Practice on HIV/AIDS and the World of Work.

75. Countries often rely on non-governmental organizations or associations of people living with HIV/AIDS to implement and monitor workplace protection policies for people with HIV where they exist. Strong organizations of people living with HIV do not exist in many countries, often as a result of stigmatization.

VII. Mitigating the impact of the epidemic

76. The Declaration reflects global determination to mitigate the impacts of the epidemic on individuals, families, communities, and nations, focusing in particular on (a) children orphaned and made vulnerable by HIV/AIDS; (b) the social and economic impact of the epidemic; and (c) effective intervention in conflict and disaster-affected regions.

Children orphaned and made vulnerable by HIV/AIDS

77. Only about one half of the countries responding to UNAIDS state they have national strategies in place to provide a supportive social environment for orphans or children infected and affected by HIV/AIDS, covering enrolment in school, access to shelter, nutrition, and health and social services. Low-prevalence countries are least likely to have such strategies. Furthermore, a report issued by the International Labour Organization and the International Programme on the Elimination of Child Labour found that children made vulnerable by HIV/AIDS are more likely to be engaged in child labour, including prostitution.

78. In sub-Saharan Africa, home to over 80 per cent of children orphaned by AIDS, fewer than half of the countries have a national strategy in place to care for, support and protect such children. Following the special session of the General Assembly on HIV/AIDS, a regional workshop on orphans and vulnerable children in

West and Central Africa generated a series of concrete follow-up actions, including situation analyses and development of national plans on orphans and vulnerable children. Countries in Eastern and Southern Africa are in the process of finalizing their national plans.

79. The United Nations system prioritizes interventions to mitigate the epidemic's impact on young people. The United Nations Children's Fund has substantially increased its support to countries to alleviate the burden on children and their households. In South Africa, for example, UNICEF has sponsored ground-breaking research on cost-effective interventions for orphans and other children, and on the socio-economic impact on children and families. The World Food Programme is extending its existing school-feeding operation in various parts of Africa to support families and children made vulnerable by AIDS. Activities to support orphans and other HIV-affected children are also often implemented through non-governmental organizations, with some Governments providing financial support.

Alleviating the social and economic impact of HIV/AIDS

80. Most countries have not undertaken evaluations of the epidemic's economic and social impact, as called for in the Declaration. Evaluations completed are often not comprehensive, either geographically or in their coverage of all relevant sectors. Some countries indicate that a comprehensive assessment of the impact of the epidemic is not merited owing to low HIV prevalence.

81. With assistance from the Food and Agriculture Organization of the United Nations, several countries (including Cambodia, Kenya, Malawi, Mozambique, Tanzania, Uganda and Zambia) are developing strategies to mitigate the impact on agriculture. The World Food Programme has mainstreamed HIV/AIDS into its development, recovery and emergency operations. The International Labour Organization and the United Nations Development Fund for Women (UNIFEM) have developed a partnership to address the gender dimensions of the care economy, including a calculation of the costs of care borne by women.

HIV/AIDS in conflict and disaster-affected regions

82. Some countries, especially in Asia, have integrated strategies for responding to HIV/AIDS in emergency situations into national AIDS planning, in accordance with the 2003 target set in the Declaration.

83. United Nations organizations support HIV-related activities in emergency situations. In collaboration with the UNAIDS secretariat, the Office of the United Nations High Commissioner for Refugees has developed a strategic plan for 2002-2004 on HIV/AIDS and refugees, which is now operational in refugee camps in Kenya, Tanzania and Uganda. The Mano River Union Initiative on HIV/AIDS, comprising Guinea, Liberia and Sierra Leone, was developed by UNAIDS to strengthen coordination and harmonize strategies among United Nations agencies, Governments and civil society partners in the prevention of HIV/AIDS and sexually transmitted infections, as well as in the care of displaced populations, refugees and returnees, host communities, war-affected women and children, and security and peacekeeping forces.

84. According to Security Council resolution 1308 (2000), the Secretary-General is requested to provide training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS, including pre-deployment orientation. In response, the UNAIDS secretariat and the Department of Peacekeeping Operations have embarked on several initiatives to integrate a comprehensive HIV/AIDS response into United Nations peacekeeping operations and to extend it to host communities. HIV/AIDS awareness cards, with key prevention and code of conduct messages for uniformed services and a condom pocket inside, have been distributed as a practical awareness and training tool, available in 10 languages. The UNAIDS secretariat, in collaboration with the Department of Peacekeeping Operations, has identified and recruited senior HIV/AIDS policy advisers to all major peacekeeping operations worldwide.

85. UNAIDS and its implementing partners provide support to awareness activities in the national uniformed services, particularly among young recruits, in Eastern Europe (Belarus, Moldova, Ukraine), Central Asia (Kazakhstan, Uzbekistan), South East Asia (Cambodia, Philippines, Thailand, Viet Nam,) and sub-Saharan Africa (Burundi, Central African Republic, Congo, Democratic Republic of the Congo, Guinea, Kenya, Sierra Leone, Tanzania, Uganda). The UNAIDS secretariat has developed a generic strategic plan of action, which includes training materials to support national interventions for uniformed services, with an emphasis on young recruits, both men and women.

VIII. Research and development

86. The Declaration calls for a number of measures aimed at substantial strengthening of national and international commitment to HIV-related research and development. By 2003, all research protocols for the investigation of HIV-related treatments and vaccines should have been evaluated by independent ethical committees that include both people living with HIV/AIDS and caregivers.

87. Approximately one half of countries, including most countries in sub-Saharan Africa, have increased national resources for HIV-related research and development or for improved laboratory capacity. The national AIDS framework in Uganda, for example, calls for national expenditures on HIV-related research and development to increase by 25 per cent by 2006. Several countries have indicated that they have either initiated or strengthened HIV-related behavioural research efforts. Others are investing in ethnographic research to strengthen national understanding of the social dimensions of the epidemic. Pakistan reports that it has undertaken an ethnographic mapping exercise for sex workers, as well as social assessments of other vulnerable groups. Numerous countries indicate that they have obtained assistance from the World Health Organization and the United States Centers for Disease Control and Prevention in order to strengthen public health surveillance capacity.

88. Last year, important progress was made in the search for a safe and effective vaccine. The world's first phase III vaccine trial is nearing completion, and another is set to begin later this year. The International AIDS Vaccine Initiative supports seven different scientific partnerships to develop vaccines for testing and ultimate use in China, India, Kenya, South Africa and Uganda. Private industry is also seeking to advance the development of potential vaccines.

89. Progress continues in the search for a safe and effective microbicide to reduce the risk of sexual transmission. Microbicides are especially important for women, who often lack access to barrier methods under their personal control. More than 50 microbicide candidates are in various stages of research, and six will enter large-scale efficacy trials in the near future.

90. Despite some progress, global research priorities are not sufficiently oriented towards urgent health needs in resource-limited countries. Only 1.6 per cent of all HIV/AIDS research is focused on development of a vaccine suitable for use in sub-Saharan Africa. In response, African leaders initiated the African AIDS Vaccine Programme in order to raise $233 million to underwrite HIV vaccine research efforts in Africa. Fifteen West African countries have pledged $50,000 a year to the initiative, which was endorsed by African leaders at the Abuja Summit in 2001.

IX. Monitoring future progress

91. The UNAIDS secretariat and UNAIDS co-sponsors have developed a set of monitoring indicators to track total annual spending on HIV/AIDS in low- and middle-income countries; public sector funds devoted to research on public goods such as vaccines and microbicides; and the degree to which private sector companies and international development organizations have integrated HIV/AIDS into their policies and programmes. The impact of advocacy will also be monitored and evaluated.

92. At the country level, indicators will monitor progress on a biennial basis in four areas: strategy development, HIV prevention, human rights, and care and support. Surveys will assess progress at the national level in areas covered by the Declaration, such as the percentage of young people who correctly identify how HIV is transmitted, the percentage of schools with trained teachers and the percentage of HIV-positive women attending antenatal clinics. Sentinel surveillance will track HIV prevalence among young people, and estimates will be made of the number of infants who contract HIV when born to HIV-infected mothers.

X. Recommendations

93. The assessment of the initial implementation of the Declaration presented in this report reflects the impact of the special session of the General Assembly on HIV/AIDS, as well as important progress in the fight against HIV/AIDS. It reveals key areas where redoubled efforts are required to meet the various targets. While progress must be made over the next 12 months in all areas covered by the Declaration, the following priority actions are needed if the specific 2003 targets are to be met:

- **With a view to meeting the 2003 target, Member States are urged to develop and implement a national strategic plan on HIV/AIDS by 2003, and to integrate HIV/AIDS into their development plans and poverty reduction strategies.**
- **In order to ensure an effective response to HIV/AIDS, the international community is urged to increase assistance significantly to countries which**

do not have sufficient resources for interventions, the strengthening of sustainable human capacity, systems development and capacity-building.

- Funding from all sources for HIV/AIDS programmes should grow by at least 50 per cent annually in order to expand programmes on a scale sufficient to meet the expenditure target of about $10 billion by 2005.

- United Nations agencies, funds and programmes, in particular UNAIDS co-sponsoring agencies and the UNAIDS secretariat, are urged to further expand their support to HIV/AIDS efforts with a view to transforming interventions proven to be effective into large-scale projects; strengthening monitoring and evaluation mechanisms to track the response to the epidemic; intensifying high-level advocacy in countries with emerging epidemics; and reinforcing collaboration with key civil society networks.

- More political leaders are urged to initiate and support robust multisectoral responses; speak openly about HIV/AIDS; and ensure that commitments are converted into concrete actions to attain the goals of the Declaration. National policies and strategies should also better reflect the gender dimensions of the epidemic.

- Legal and policy frameworks should be established immediately to prohibit discrimination against and promote the human rights of vulnerable groups and people living with HIV/AIDS. Urgent steps should also be taken to enact measures to protect the rights and dignity of people living with HIV/AIDS in the workplace.

- Substantially stronger efforts are required to increase access to HIV/AIDS treatment in resource-limited settings, including significantly greater resources for the purchase of antiretroviral drugs, treatment and prophylaxis for HIV-related opportunistic infections, as well as palliative interventions. At the same time, technology transfer must be accelerated and infrastructure strengthened and expanded.

- Global HIV/AIDS research priorities should reflect the epidemic's disproportionate impact on low- and middle-income countries, and the magnitude and proportion of research funding devoted to HIV-related questions facing developing countries should be significantly increased. In particular, the search for a safe and effective preventive vaccine must be an urgent global priority, with greater investments being made by the public and private sectors in both developed and developing countries.

- Member States should develop comprehensive strategies to support orphans and girls and boys infected with and affected by HIV/AIDS.

- Member States are encouraged to strengthen efforts to involve the private sector, civil society partners, people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS.

- The international community, including public health experts, the UNAIDS secretariat and UNAIDS co-sponsors, should collaborate to assist countries in strengthening their capacity to monitor progress in meeting the commitments of the Declaration and in evaluating HIV/AIDS programmes.

- **In accordance with the follow-up provisions of the Declaration of Commitment on HIV/AIDS, the General Assembly may wish to consider devoting at least one full day to HIV/AIDS during its fifty-eighth session to review and debate progress in implementation of the commitments of the Declaration.**

Notes

[1] B. Schwartlander, and others, "Resource needs for HIV/AIDS", *Science*, vol. 292 (20 June 2001), pp. 2434-2436.